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CONFIRMATION NO. 6218

SERIAL NUMBER 10/799,341	FILING DATE 03/12/2004 RULE	CLASS 607	GROUP ART UNIT 3766	ATTORNEY DOCKET NO. GUID.627PA (03-255)
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/462,272 04/11/2003

** FOREIGN APPLICATIONS *****

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/27/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	MN	14	57	6

ADDRESS

51294

HOLLINGSWORTH & FUNK, LLC

8009 34TH AVE S.

SUITE 125

MINNEAPOLIS, MN

55425

TITLE

Patient stratification for implantable subcutaneous cardiac monitoring and therapy

FILING FEE RECEIVED 1824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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